Suicide High Risk Patient Enhancements (SHRPE)

IB*2.0*688 Release Notes



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Revision History

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1. Introduction

The REGISTRATION package needs to include some data elements found in the Integrated Billing Action file (#350) and Bill/Claims file (#399) in the following reports:

- Former OTH Patient Eligibility Change Report
- Former OTH Patient Detail Report
- Presumptive Psychosis Reconciliation Report
- Presumptive Psychosis Detail Report

The IB*2.0*688 patch introduces the Application Programmer Interfaces (API) to provide Integrated Billing (IB) data to Presumptive Psychosis (PP) and Other than Honorable (OTH) billing reports designed within the Registration application that would help Registration and IB users to identify patients that were treated under OTH authority and PP benefits. This is to provide details about eligibility changes and Department of Veterans Affairs (VA) care provided to these patients. The reports are developed in DG namespace but need to be available to both Registration and IB users.

The Integration Control Registration #7202 was entered to allow the Registration application to use the API in Integration Billing application.

1.1. Purpose

These release notes cover the changes to implement reports that would help billing users to identify patients that were treated under OTH authority and PP. This is to provide details about eligibility changes and VA care provided to these patients.

1.2. Audience

This document targets billing users and administrators that review Former Service Member's and and PP episodes of care and released prescription details to determine if potential back-billing is necessary.

2. This Release

The following sections provide a summary of the new features and functions added, enhancements, and modifications to the existing software, and any known issues for IB*2.0*688.

2.1. New Features and Functions Added

The following are the features and functions added by IB*2.0*688:

- Added new Presumptive Psychosis Reconciliation Report [DG PRESUMP. PSYCH. RECON RPT] menu option to Consolidated Patient Account Center (CPAC) Facility Revenue Billing Menu [KPA FACILITY REVENUE BILLING].
 - * BEGIN SCREEN CAPTURE *

Select OPTION NAME: KPA FACILITY REVENUE BILLING CPAC Facility Revenue Billing Menu

PPR Presumptive Psychosis Reconciliation Report Automated Means Test Billing Menu ... Claims Status Awaiting Resolution

- * END SCREEN CAPTURE *
- Added new API "EN^IBEFSMUT" to the Integrated Billing application.

Listed below are the details on accessing this entry point and the data that should be returned.

```
ROUTINE: IBEFSMUT
COMPONENT: EN(DFN, BEGDT, ENDDT, LIST)
VARIABLES: Both
                      DFN
                        Internal entry number from the PATIENT file (#2)
                        [required]
VARIABLES: Input
                      BEGDT
                        EVENT DATE Beginning Date [required]
VARIABLES: Input
                      ENDDT
                        EVENT DATE Ending Date [required]
VARIABLES: Both
                      LIST
                        Subscript name used in the 'TMP global [required]
                        EN^IBEFSMUT(DFN, BEGDT, ENDDT, LIST)
                        Input:
                          DFN
                          BEGDT
                          ENDDT
                          LIST
                        FILE #350 OUTPUT:
                        ^TMP($J,LIST,FILENO,DFN,0)=Total entries or -1^NO
                        DATA FOUND
                        ^TMP($J,LIST,FILENO,DATE,DFN,RECCNT)=ACTION
                        TYPE^BILLING GROUP^IEN^BILL NUMBER^RESULTING
                        FROM TOTAL CHARGE STATUS INSTITUTION CLINIC
                        STOP USER LAST UPDATING
                        Where:
                                = Subscript name used in the ^TMP global
                         FILENO = File #350, this is to distinguish where
                        records coming from
                         DATE = Event Date (I:350,.17)
                                = IEN from the PATIENT File(#2)
                         RECCNT = Record counter
```

1^2^3^4^5^6^7^8^9^10, where:

```
1 = ACTION TYPE (E;350,.03)
 2 = BILLING GROUP (I;350.1,.11)
     Note: NULL is returned if there is no BILLING
GROUP
3 = IEN from INTEGRATED BILLING file (#350)
 4 = AR BILL NUMBER (E;350,.11)
     Note: NULL is returned if there is no AR BILL
NUMBER
 5 = RESULTING FROM (I;350,.04)
     Note: If RESULTING FROM 2ND ^ piece ":"=350,
     the format will be:
     RESULTING FROM; DATE BILLED FROM(I; 350,.14):
     COPAYMENT TIER (I;350,.22)
 6 = TOTAL CHARGE (E;350,.07)
 7 = STATUS (E; 350, .05)
 8 = INSTITUTION (IE;350,.13)
 9 = CLINIC STOP(IE;350,.2)
     Note: NULL is returned if there is no CLINIC
STOP
10 = USER LAST UPDATING (E;350,13)
FILE #399 OUTPUT:
^TMP($J,LIST,FILENO,DFN,0)=Total entries or -1^NO
DATA FOUND
^TMP($J,LIST,FILENO,DATE,DFN,RECCNT)=RATE
TYPE^IEN^RATE TYPE NAME^IEN^BILL NUMBER^RESULTING
FROM CHARGES STATUS
Where:
LIST
       = Subscript name used in the ^TMP global
FILENO = File #399, this is to distinguish where
the records coming from
      = Event Date (399,.03)
DATE
       = IEN from the PATIENT File (#2)
RECCNT = Record Counter
1^2^3^4^5^6^7^8^9^10, where
1 = BILL CLASSIFICATION (I;399,.05)
2 = RATE TYPE NAME (E;399,.07)
3 = IEN from BILL/CLAIMS file (#399)
 4 = BILL NUMBER (E;399,.01)
 5 = RESULTING FROM, will be in the format of:
     If inpatient bill, the format will be:
     BILL TYPE:BILL CLASSIFICATION(E;399,.05)
     Note: BILL TYPE=1 if inpatient bill
           BILL TYPE=0 if outpatient bill
           BILL TYPE=3 if Rx bill
     If outpatient bill, the format will be:
     TYPE (I;399.042,.1):BILL
CLASSIFICATION(E;399,.05):BILL TYPE
```

```
If Rx bill, the format will be:
     BILL TYPE:BEDSECTION(E;399.042,.05):RXIEN
(I;362.4,.05):
     RXNUMBER (E;362.4,.01):RXFILL
NUMBER(I;362.4,.1):RXSTATUS(52,100)
6 = CHARGES
    Note:
    If inpatient bill, CHARGES will be extracted
in 399,201
    If outpatient/Rx bill, CHARGES will be
extracted in 399.042,.04
7 = STATUS (E;399,.13)
8 = DIVISION(I;399,.22)
9 = ENTERED/EDITED BY (E;399,2)
10 = PTFIEN (I;399,.08)
    Note: If inpatient bill, this ^piece contain
the PTF ENTRY NUMBER
           If outpatient bill, this ^piece contain
the outpatient
           encounter IEN
           Otherwise, NULL is returned.
```

2.2. Enhancements and Modifications to Existing

None at this time.

2.3. Known Issues

None at this time.

2.4. Product Documentation

The following documents are located at the VA Software Document Library and apply to this release:

- Deployment, Installation, Back-out, and Rollback Guide
- Integrated Billing V. 2.0 User Manual

Appendix A - Acronyms

Acronym	Definition		
API	Application Programmer Interfaces		
CPAC	Consolidated Patient Account Center		
DG/DGEN	Data Gathering/Developer Generated		
IB	Integrated Billing		
OIT	Office of Information and Technology		
OTH	Other Than Honorable		
PP	Presumptive Psychosis		
PPR	Presumptive Psychosis Reconciliation		
SHRPE	Suicide High Risk Patient Enhancements		
VA	Department of Veteran Affairs		